



**TEXAS DEPARTMENT OF HEALTH**  
**Bureau of Emergency Management**  
**EMS PERSONNEL CERTIFICATION APPLICATION**  
**INITIAL EMT-BASIC ONLY**

*For TDH Use Only* 2A284/160

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

See attached **Privacy Notice**. All information given on application is considered public record, with exception of social security number\* and driver's license number.

**APPLICATION SUBMISSION:** Application processing takes approx 3 weeks. We recommend you submit your application after you complete your course and prior to taking the exam. Submit this application and fee payment, if not exempt, to your local Public Health Region office. **DO NOT** send your course completion certificate. We will only accept course certificates from course coordinators.

**TESTING INSTRUCTIONS:** If you **start** the testing process after September 30, 2002, you will be required to pass the National Registry (NR) exam. At the test site you must submit the NR application along with your money order for \$20 payable to National Registry of EMTs. National Registry application forms are available from your instructor or downloadable from the NR web site at: <http://www.nremt.org> You are responsible for scheduling your NR exam seat assignment with the Region office. You will not be allowed to schedule your exam until course certificate processing has been completed. You can check your status on-line at: [http://160.42.108.3/ems\\_web/blh\\_html\\_page1.htm](http://160.42.108.3/ems_web/blh_html_page1.htm) Contact your Region office with questions about state application, fees or exam schedules. <http://www.tdh.state.tx.us/hcqs/ems/regions.htm> **Applicants with current NR** see reciprocity instructions on back. **TYPE OR PRINT IN BLACK INK.** Additional instructions at: <http://www.tdh.state.tx.us/hcqs/ems>

**Section 1 - Personnel Data**

<hr/>	<hr/>	<hr/>	<hr/>
<b>Print Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SS# * or EMS ID #</b>
<hr/>			
<b>Mailing Address: Street, Apartment Number or P O Box</b>		<b>City</b>	<b>State      Zip</b>
<hr/>		<hr/>	<hr/>
( ) <b>Home Phone (include area code)</b>	( ) <b>Business Phone (include area code)</b>	<b>County</b>	
<hr/>	<hr/>	<hr/>	
<b>Date of Birth (MM/DD/YY)</b>	<b>Driver's License Number (include State)</b>		
<hr/>	<hr/>		
<b>Have you achieved a high school diploma or GED?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes    Texas Education Agency accredited public or private school. Home schools must have accreditation from TEA or acceptance into a regionally accredited college.			
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<small>*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.</small>			

**Section 2 - EMS Employment Information**

List all licensed EMS Firms &/or registered First Responder Organizations for which you work/volunteer, use additional sheet if needed:			
<b>Name of Firm</b>	<b>Address</b>	<b>City, State, Zip</b>	<b>Volunteer or Paid**</b>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<small>**Fee exemption is allowed ONLY if you volunteer exclusively. Complete Section 3 - Volunteer Sign-off below, if applicable.</small>			

**Section 3 - Volunteer Sign-Off - Complete if applicable.**

<b><u>This section to be completed by EMS provider or FRO administrator</u></b>	
This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, which is a TDH <b>licensed</b> emergency medical services provider or a TDH <b>registered</b> first responder organization (FRO), and does not receive compensation*** for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation***, other than reimbursement as described below.	
I have explained to the candidate that if during the certification period, the candidate begins to receive compensation*** for providing emergency medical services, from any organization, the exemption is inapplicable and the candidate shall send to the department an application and a prorated fee.	
<hr/>	<hr/>
Signature of provider or FRO Administrator	Print Signed Name
<small>***Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.</small>	
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Provider or FRO Name and City:	
<hr/>	
TDH License or Registration Number:	Phone:
<hr/>	<hr/>

#### Section 4 - Application Type - Check appropriate box.

- ☐ **Initial:** Completed Texas-approved initial course within past year. Submit this application with fee, if not exempt. Your Texas course coordinator will submit your course completion certificate to our office. You must complete all requirements, including passing the National Registry exam within one year of course completion date. Follow Application and Testing Instructions on page 1.  
Texas course number: \_\_\_\_\_ Course completion date: \_\_\_\_\_
- ☐ **National Registry Reciprocity:** Candidate for initial Texas certification with current NR credentials. Completed Texas approved course more than one year ago or completed out-of-state course. Submit this application with fee, if not exempt. Testing is not required, see application instructions on first page. Texas certification may be issued for 4 years from our calculated NR card issue date.  
NR number: \_\_\_\_\_ NR expiration date: \_\_\_\_\_
- ☐ **Equivalency:** Candidate certified or licensed in another healthcare discipline or EMS trained outside the United States. You are responsible for acquiring curriculum review by a regionally accredited post secondary institution approved by the department. Submit this application with appropriate fee. Your EMS coordinator will submit documentation of successful curriculum review to our office. You must pass NR exam within one year of institution's completed review and approval date. Follow Application and Testing Instructions on page 1.  
List your healthcare discipline, e.g. RN, medical physician, respiratory therapist: \_\_\_\_\_  
License or certificate number: \_\_\_\_\_ Country/State of issuance: \_\_\_\_\_

**Section 5 - Fees - Mark the appropriate box.** Make fee payment payable to: **Texas Department of Health.** Send check or money order. **Do not combine fee payments** for Texas Department of Health, National Registry and EMS Magazine subscription. Do not send cash. Fees are NOT refundable. Volunteers are exempt from fees, except Magazine fees. Magazine subscription form on page 3.

- ☐ **EMT - \$50** ☐ **Other** (volunteer-to-pay, etc.): Explain- \_\_\_\_\_  
☐ **None:** Explain- \_\_\_\_\_

#### Section 6 - Criminal History Information - Everyone must complete.

**Failure to report convictions and/or provide accurate information may result in disciplinary action against your Texas EMS personnel certification. We intend to take disciplinary action when criminal history information is omitted, either willfully or inadvertently. If you are currently under supervision (probation) for a criminal offense for which you believe you have not been convicted, please disclose this information below.**

**Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor?** ☐ No ☐ Yes  
If yes, complete below.

Provide the following information for **all** felony and/or misdemeanor offenses, excluding minor violations, e.g. speeding, parking (NOTE: DWI/DUI **must** be reported). Include any conviction(s) currently on appeal. For multiple offenses, use additional sheet(s). It is your responsibility to ensure that all information/documentation is attached with this application, e.g. court judgement(s), condition(s), of probation, if appropriate.

Indicate offense(s) committed & court case/cause number(s): \_\_\_\_\_

Date(s) of conviction(s): \_\_\_\_\_ Sentence(s): \_\_\_\_\_ Fine(s): \$ \_\_\_\_\_

City, County and State where offense(s) committed: \_\_\_\_\_

List other names you have used (e.g. alias, married/maiden, etc.) \_\_\_\_\_

Are you/were you on probation/parole? ☐ No *or* ☐ Yes Projected discharge date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

**Has your criminal history previously been evaluated by TDH?** ☐ No *or* ☐ Yes **When:** \_\_\_\_\_ **If yes,**  
**have you committed any criminal offenses, or has the court taken any actions against you since the evaluation?** ☐ No ☐ Yes

#### Section 7 - Signature and Date

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## PRIVACY NOTIFICATION:

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

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**Because of different budget numbers, you must make separate checks for your certification application and for the magazine. Include both checks with your application packet and mail to your local public health region ([www.tdh.state.tx.us/hcqs/ems/regions.htm](http://www.tdh.state.tx.us/hcqs/ems/regions.htm)). Or, for faster magazine service, mail subscription form with magazine check separately to: TDH-EMS, PO Box 149200, Austin, Texas 78714-9200.**

**For TDH Use Only**

**ZZ 083-008**

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

## *Texas EMS Magazine*

Subscription Form

**\$25 for 2 years**

**\$45 for 4 years**

*Your point of contact with the agency that regulates Texas EMS - taking state and national EMS issues and answers to emergency medical services professionals serving in every capacity across Texas.*

Amount Enclosed \$\_\_\_\_\_ for 2 or 4 (circle one) year subscription  
ZZ 083-008

\_\_\_\_ New subscription

\_\_\_\_ Renewal subscription

**Fill in name and address and mail along with payment.**

*Please enter my subscription (please print)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Make check or money order payable to:

Texas Department of Health -- ZZ 083-008

(Please write magazine budget number ZZ 083-008 on check)